# 1180000 40 980

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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R. WHITE





### **COVER LETTER**

TO:	Registration Section Division of Corpora				
SUBJ	JECT:	R 00 /	F LLC ted Liability Company		
The e	enclosed Articles of Amo	endment and fee(s) are subn	nitted for filing.		
Pleas	e return all corresponder	nce concerning this matter t	o the following:		
	-	Ri	Ch Swie		
		Roc	OF, LLC Firm/Company		
	-		VORTIA PI		PLE AVE
	-		4 SOTA FL City/State and Zip Code	3423	
	_		OFFRS.  o be used for future annua		
For fi	urther information conce	rning this matter, please ca	11:		
/	RICH SWI	≘ R son	at ( <b>941</b> ) Area Code	217 - 9 Daytime Tel	2563 ephone Number
Enclo	osed is a check for the fo	llowing amount:			
<b>54</b> S.	25.00 Filing Fee E	l \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

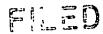
#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ROOF		2019 MAR 13 AH 11:59
(Name of the Limited (A	Liability Company as it Florida Limited Liability	ti now appears on our records.)  ty Company)  CECL
The Articles of Organization for this Limited Liab	oility Company were	filed on 2/14/18 and assigned
Florida document number <u>L18000040</u>	980.	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability co	company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:		address on our records, enter the name of the new
New Registered Office Address:		
New Registered Office Address.		Enter Florida street address
		, Florida
	Ci	ity Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rich Swier	1415 2nd Street, Unit 1026 Sarasota, FL 34236	O Add
			Remove
		<del></del>	Change
MGR SWIER, LLC	SWIER, LLC	1415 2nd Street, UNIT 1026 Sarasotu, FL 34236	B Add
		Sarasotu, FL 34236	
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
		<del></del>	Add
			☐ Remove
			Change
		<del></del>	Add
		<del></del>	□ Remove
		<del></del>	□ Change
	<del></del>		<b>_</b>
			🗆 Remove
			☐ Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
_	
_	
(If an effect Note: If	e date, if other than the date of filing:
f the recorb) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	March 11 , 2019
	Signature of a member or authorized representative of a member
	Rich Swich Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00